Grimes Parks & Recreation Department

Telephone: (515) 986-2143 Fax: (515) 986-3846

www.grimesiowa.gov



NEW! Summer Fundaze Day Camp

Program Description: NEW! The mission of the Summer Fundaze is to provide parents with alternatives to traditional daycare experiences, while engaging children with developmentally appropriate activities. We strive to create a fun and motivational environment that stimulates both staff and clientele. We are a day camp that is built around trips to the parks, age-appropriate games, one field trip per week, and one swimming trip to the Clive Aquatic Park. <u>Kids must bring sack lunch/drink each day</u>.

Who: For Kids Pre-K and Up

Where: Grimes Community Complex on 410 SE Main Street

Dates: Session 1: Monday, June 21 – Friday, June 25

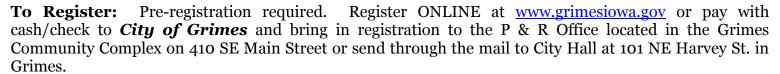
Session 2: Monday, July 19 - Friday, July 23

Schedule: Day runs from 7:30am – 5:30pm. Check-in from 7:30-8:30am.

Check-out from 4:30-5:30pm.

Questions: Contact Brett Barber, Grimes Parks & Recreation

Director at bbarber@ci.grimes.ia.us.



Cost:				
cut Here				
PARTICIPANT'S NAME:			DOB:	AGE:
PARENT/GUARDIAN'S NAME:			GRADE (2009-2010):	
STREET ADDRESS:		CITY:		_ZIP CODE:
I would like to be added to the Grimes Rec Email List: YES			NO	Already on the List
EMAIL:			PHONE:	
	: June 21 - June 25			
Cost is \$125	per child per week (\$110 for each	additional child)		

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian Date